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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/05/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY CANADA	SHEETS DRAWING 1	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
Examiner's Signature: <i>[Signature]</i> Initials: <i>GR</i>					

ADDRESS

21917

MCHALE & SLAVIN, P.A.

2855 PGA BLVD

PALM BEACH GARDENS, FL

33410

TITLE

Method for diagnosing and distinguishing traumatic brain injury and diagnostic devices for use therein

FILING FEE RECEIVED 810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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